



Tennessee Board of Podiatric Medical Examiners
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243
(615) 532-5088, or (800)-778-4123 ext. 2-5088
www.Tennessee.gov/health

INSTRUCTIONS FOR LICENSURE AS AN ORTHOTIST, PROSTHETIST OR PEDORTHIST

The enclosed application and instructions are pertinent for those Orthotists, Prosthetists, and Pedorthists who are applying for licensure based on certification and experience. Note that eligibility for licensure via certification alone will end as of January 1, 2008, and that eligibility for licensure via practice experience alone will end as of December 31, 2006.

Please carefully read the information below to determine the method of licensure for which you will be applying and follow the instructions for the selected method. The requirements for application are supported by T.C.A. Sections 63-3-201 through 63-3-213 and Rules and Regulations Chapter 1155-4, which are included with the application packet.

It is suggested all documents listed in the instructions be requested from the appropriate institutions or individuals upon receipt of this package. All supporting documents must be received in the Board's administrative office by the time frames indicated in the instructions. Please allow ten (10) working days for the information submitted to be received and placed in your file. Mail delivered by Federal Express and other special courier services will be handled as routine mail.

METHODS OF LICENSURE

CERTIFICATION - Until January 1, 2008, a person certified by the American Board for Certification in Orthotics and Prosthetics, Inc., with the title of Certified Orthotist (CO), Certified Prosthetist (CP), or Certified Orthotist-Prosthetist (CPO), or by the Board for Orthotist/Prosthetist Certification with the title of Board of Orthotic Certification – Orthotist (BOCO) or Board of Certification – Prosthetist (BOCP), or holding similar certifications from other accrediting bodies with equivalent educational requirements and examination standards, may apply for and may be granted orthotic or prosthetic licensure under this part, upon payment of the required fee. (After January 1, 2008, any applicant for initial licensure as an orthotist or prosthetist shall meet the requirements set forth in statutes and rules regarding licensure. A new application will be available for applicants at that time.)

Until January 1, 2008, a person certified as a Certified Pedorthist (CPED) by the Board of Certification in Pedorthics, Inc., or a person certified as a CO, CP or CPO by the American board for Certification in Orthotics and Prosthetics, Inc., or certified as a BOCO or BOCP by the Board for Orthotist/Prosthetist Certification, or holding similar certifications from other accrediting bodies with equivalent educational requirements and examination standards, may apply for and may be granted pedorthic licensure under this part, upon payment of the required fee. (After January 1, 2008, any applicant for initial licensure as a pedorthist shall meet the requirements set forth in statutes and rules regarding licensure. A new application will be available for applicants at that time.)

EXPERIENCE - Until December 31, 2006, a person who has practiced full time for a minimum of the past five (5) years in a prosthetic/orthotic facility as an orthotist or prosthetist, or in a pedorthic facility as a pedorthist, may file an application with the board in order to continue to practice orthotics, prosthetics, or pedorthics, and may be issued a license to practice orthotics, prosthetics, or pedorthics under the provisions of this part without examination, upon receipt by the division of payment of the licensing fee required and after the board has completed an investigation of the applicant's work history. The investigation may include, but is not limited to, completion by the applicant of a questionnaire regarding the applicant's work history and scope of practice.

SECTION I - Instructions for licensure

The following items must be submitted to the Board Office no later than thirty (30) days prior to the next scheduled board meeting.

1. Completed and notarized application indicating type of requested licensure.
2. The application fee of three hundred dollars (\$300) and a state regulatory fee of ten dollars (\$10), for a total of three hundred and ten dollars (\$310).
3. One (1) passport style photograph taken within the last twelve (12) months.
4. For criminal background instructions [click](#) here.

A completed file is one which contains all of the required documentation.

ATTACH
PHOTO
HERE



2217) 001 \$ 300
2217) 006 \$ 10
2218) 001 \$ 300
2218) 006 \$ 10
2219) 001 \$ 300
2219) 006 \$ 10

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1 photos required

**APPLICATION FOR LICENSURE AS AN ORTHOTIST, PROSTHETIST OR PEDORTHIST
(Must Type or Print)**

PLEASE CHECK ONE: _____ Orthotist _____ Prosthetist _____ Pedorthist

(You may only apply for one license per application. If you are credentialed for more than one of the three licenses listed above, you must submit a separate application and accompanying fee for each.)

NOTE: ALL INFORMATION IN LICENSURE FILES ARE OPEN FOR PUBLIC INSPECTION
PURSUANT TO TCA §10-7-503.

FULL NAME: _____
(Last) (First) (Middle) (Maiden)

MAILING ADDRESS: _____
(Street and Number)

(City) (State) (Zip) (TN-County)

PHONE NUMBER: Home (_____) _____ Work (_____) _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ SEX: M ____ F ____

PRACTICE ADDRESS IN TENNESSEE: _____

EDUCATION:

	NAME OF SCHOOL	DATES ATTENDED	DEGREE
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

Are you currently certified in orthotics by either the American Board for Certification in Orthotics and Prosthetics, Inc. or the Board for Orthotist/Prosthetist Certification? _____ Yes _____ No

Are you currently certified in prosthetics by either the American Board for Certification in Orthotics and Prosthetics, Inc. or the Board for Orthotist/Prosthetist Certification? _____ Yes _____ No

Are you currently certified in pedorthics by the Board of Certification in Pedorthics, Inc., the American Board for Certification in Orthotics and Prosthetics, Inc. or Board for Orthotist/Prosthetist Certification? _____ Yes _____ No

*** If yes, please attach a copy of the current certificate(s).**

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers are in the affirmative with the exception of question number 1, please explain in detail on an attached sheet. In support of your explanation, the final documents or Orders from the states, courts, and agencies must be submitted as a part of your file.

- | | YES | NO |
|---|-------|-------|
| 1. Are you now in good physical and mental health? | _____ | _____ |
| 2. Are you currently taking any medications requiring a prescription? | _____ | _____ |
| 3. Has your certificate or license to practice Orthotists, Prosthetists or Pedorthists in any state ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, voluntarily surrendered, under threat of investigation or disciplinary action? | _____ | _____ |
| 4. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, voluntarily surrendered, under threat of restriction or disciplinary action? | _____ | _____ |
| 5. Do you have a medical condition which in any way impairs or limits your ability to practice Orthotists, Prosthetists or Pedorthists with reasonable skill and safety? If yes, please explain. | _____ | _____ |
| 6. If you use chemical substance(s) do they in any way impair or limit your ability to practice orthotists, prosthetists or pedorthists with reasonable skill and safety? If yes, please explain. | _____ | _____ |
| 7. If you have any limitations or impairments caused by an existing medical condition are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | _____ | _____ |
| 8. If you have any limitations or impairments caused by an existing medical condition are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain. | _____ | _____ |

	YES	NO
9. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.	_____	_____
10. Are you currently engaged in the illegal use of controlled dangerous substances? If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances?	_____	_____
11. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
12. Have you ever been rejected or censured by a professional society?	_____	_____
13. Have you ever had a judgment rendered against you, or any legal action settled or pending, relating to the performance of your professional service?	_____	_____
14. Have you ever applied for a professional license in any health care profession and been denied or restricted for any reason?	_____	_____

Before signing this application, please read it again to make sure you have answered all questions accurately, completely, and clearly. Use additional sheets whenever necessary.

THIS APPLICATION MUST BE NOTARIZED

I, _____, solemnly swear that the statements on this application are true and correct. In signing this, I am aware that Chapter 9, Public Acts of 1947, provides that a person filing a forged Affidavit of Identification is subject to punishment prescribed by law for the crime of forgery.

I HEREBY:

SIGNIFY MY WILLINGNESS to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

AUTHORIZE THE BOARD, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

CONSENT TO THE RELEASE of such information.

RELEASE FROM LIABILITY the board, its staff, and all their representatives for their acts performed and statements made in good faith and without malice in connection with evaluating my application, my credentials, and my qualifications.

RELEASE FROM LIABILITY any and all organizations which provide information in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE THAT I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

(notary seal)

Signature of Applicant

Subscribed and sworn before me this _____ day of _____, _____ A.D. at

(City or Place)

(State)

Notary Public

My commission expires _____.

